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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818) RECEIVED Application Number 10/705,693 FEE TRANSMIT CENTRAL FAX CENTER Filing Date 11/10/2003 for FY 2006 First Named Inventor AUBART, M. et al SEP 0 8 20uð **Examiner Name** Sanders, Kriellion Antionette Applicant claims small entity status. See 37 CFR 1,27 Art Unit 1714 TOTAL AMOUNT OF PAYMENT \$790.00 Attorney Docket No. **IR 3663 CIP** METHOD OF PAYMENT (check all that apply) Credit Card Money Order Other (please identify): Deposit Deposit Deposit Account Number: 01-2717 Deposit Account Name: 31684 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any sudditional fee(s) or any underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid(\$) Utility 300 150 500 250 200 100 200 100 Design 100 50 130 65 200 100 Plant 300 150 160 80 300 500 Reissue 150 250 600 300 200 100 **Provisional** 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Each daim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Multiple Dependent Claims **Total Claims** Extra Claims Fee Paid (\$) Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = \$50.00 \$0.00 HP = highest number of total claims paid for, if greater than 20, Extra Claime Fee (\$) Fee Paid (\$) - 3 or HP = \_\_\_ x \_\_\_\_\$200.00 HP = highest number of Independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s). Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee (8) - 100 = Ω \_\_ (round up to a whole <u>\$250.00</u> = 50.00 4. OTHER FEE(S) Fee Paid (8) \$130 fee (no small entity discount) Non-English specification. Other (e.g., late filing surcharge): Request for Continued Examination (RCE) **\$790.00** 

SUBMITTED BY					
Signature	Then I Rel	Registration No. (Atlomoy/Agent)	42,110	Telephone	215-419-7314
Name (Print/Type)	Thomas F. Roland, Esq.			Date	09/06/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tindemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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